



Montgomery County Department of Health and Human Services

Licensure and Regulatory Services

255 Rockville Pike, Suite 100; Rockville, Maryland 20850

Phone: 240-777-3986 Fax: 240-777-3088

www.montgomerycountymd.gov/licensure

MOBILE UNIT FOOD SERVICE LICENSE APPLICATION

Application is hereby made for a Mobile Food Service License in Montgomery County, Maryland.

TODAY'S DATE _____

Please Check Type: ☐ One Year License

☐ 90 Day – a total of 90 days a year with dates of operation typed on license.

List specific dates of operation: _____

Name of Business: _____

Motor Vehicle ☐ Trailer ☐ M.V.A. Tag

#: _____ State: _____

Owner or Corporation

Name: _____

Federal Tax Identification #: _____

Owner or Corporation Address: _____

Street Number and Street Name

City

State

Zip Code

Telephone Number: _____

include area code

Normal Hours of Operation: _____

Base of Operation Location: _____

Name of Licensed Food Service Facility

Street Number and Street Name

City

State

Zip Code

(Note: A copy of the Food Service Facility's license and a letter permitting the applicant use of the facility as their base of operation must be submitted with the application.)

Contact Person's Name: _____ Daytime Telephone: _____

include area code

Fax Telephone: _____ Email Address: _____

include area code

Applicant's Signature: _____

Printed Name of Above Signature: _____ Title: _____

Payment Method Fee Information: *See Mobile Unit Fact Sheet*

☐ Check ☐ Money Order (No cash is accepted) ☐ Visa ☐ MasterCard (No other credit cards are accepted)

Organization: _____ Cardholder's Name: _____

Credit Card No: _____ Exp. Date: _____ Amt: \$ _____

I agree to pay the above total amount according to the card issuer agreement.

Cardholder's Signature: _____

Submit completed application and application fee to address at the top of the application. Checks or money orders are payable to "Montgomery County, Maryland".

OFFICE USE ONLY

Receipt Number: _____

Amount Paid: _____

Check/Money Order Number: _____

Date Issued: _____

Date Expires: _____

Record Number: _____